

## QUALITY OF LIFE QUESTIONNAIRE

12- Month Visit

Local Center Name \_\_\_\_\_

Randomization  
Number

PRINT Patient Name \_\_\_\_\_

Last

First

M.I.

Date Completed Mo \_\_\_\_ Day \_\_\_\_ Yr \_\_\_\_

Thank you for completing this series of quality of life questionnaires. We are interested in knowing your feelings about completing this questionnaire.

How did you feel about completing the quality of life questionnaire? ..... Q1

Code: 1 = Strongly disliked  
2 = Somewhat disliked  
3 = Neutral  
4 = Somewhat liked  
5 = Strongly liked

